


Sample Form (03-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of: Frederic Bauchot							
Application No. 09/864,628							
Filed: 05/23/2001							
Title: METHOD AND SYSTEM IN AN ELECTRONIC SPREADSHEET FOR PERSISTENTLY COPY-PASTING A SOURCE RANGE OF CELLS INTO ONE OR MORE DESTINATION RANGES OF CELLS INTEGRATED VOICE AND VIDEO CONFERENCING MANAGEMENT							
Attorney Docket No. FR920000049US1		Art Unit: 2178					
<p>The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Registration Number</th> </tr> </thead> <tbody> <tr> <td>James Boice Dillon & Yudell, LLP 8911 North Capital of Texas Highway, Suite 2110 Austin, TX 78759</td> <td>Reg. No. 44,545</td> </tr> </tbody> </table>				Name	Registration Number	James Boice Dillon & Yudell, LLP 8911 North Capital of Texas Highway, Suite 2110 Austin, TX 78759	Reg. No. 44,545
Name	Registration Number						
James Boice Dillon & Yudell, LLP 8911 North Capital of Texas Highway, Suite 2110 Austin, TX 78759	Reg. No. 44,545						
<p>This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.</p>							
SIGNATURE of Practitioner of Record							
Name	John R. Pivnichny						
Signature		Date	08/24/09				
Registration Number	43,001	Telephone	(607) 429-4358				

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.